

7120 Oakland Mills Road, Columbia, Maryland 21046

# Therapeutic Recreation Inclusion Opportunities (TRIO) Authorization Agreement for Pre-arranged Payments

410-313-4660

Phone: 410-313-7275 (voice/relay)

Fax: 410-313-4658

www.howardcountymd.gov/rap

## **AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**

Please complete and return this form to Registration by one of the following:	Registration@howardcountymd.gov	7120 Oakland Mills Road Columbia, MD 21046
Participant Information (please print)		
Participant's Name		Location

#### **Payer Information** (please print)

Participants complete home address if different from payer.

(The payer must also be one of the responsible parties who have signed the Parent Contract and payment account holder)

Payer Name	Relation to Participant	Email Address
Home Street Address (Address should match the address on the account)	City/State	Zip Code
Daytime Phone	Evening Phone	Additional Email Address

## **AUTOMATIC PAYMENT INFORMATION**

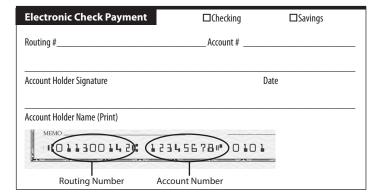
Automatic payments are a convenient way of making sure your payment is received on time.

By signing and dating below, I hereby authorize Howard County Recreation & Parks to effect payment for my reoccurring childcare fees automatically on the 17th of each month. I understand this agreement will remain in effect until I have notified the Department of Recreation & Parks, in writing, of my desire to terminate this agreement, at least (5) five business days prior to the next scheduled payment due date.

Signature\_\_\_\_\_\_\_Date\_

Credit Card Payment	AMERICAN EXPRESS	DISCOVER'	MasterCard. U/SA
Card #:		Exp. Date:	CVC Code:
Credit Card Holder Signature		Date	
Credit Card Holder Name (Print)			

(CVC Code: 3-digit number on the back of card, or for American Express, 4-digit number on front of card.)



# **Late Pick-Up Fees**

I hereby authorize Howard County Recreation & Parks to effect payment of any Late Pick-Up that occurs during the school year using the account information on-file. I am aware my child(ren) may be suspended from the program if this occurs more than 4 times in the year.

Account	Hold	er Sign	ature
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